PERFORMING THE WBC COUNT USING THE UNOPETTE SYSTEM

A. INTRODUCTION

This job sheet is provided to assist you in the step by step procedure for performing the WBC count using the Unopette system.

B. EQUIPMENT

1. Microscope
2. Hemacytometer set
3. Unopette #5854 for WBC and platelet count
4. Cell counter (manual)

C. REFERENCES

1. Unopette Microcollection System Product Circular for product nos. 5854 and 5855, Becton, Dickson and Company.

D. JOB STEPS

1. Using the protective shield on the capillary pipette, puncture the diaphragm of the reservoir. Leave the shield in the reservoir and remove the pipette.
2. Holding the pipette almost horizontal, place the tip into the blood specimen. Pipette will fill by capillary action, and blood flow will stop automatically when proper blood volume is reached.
3. Hold a finger over the top of the pipette and wipe off any excess blood from the outside of the pipette with a kimwipe.
4. Remove the shield from the reservoir.
5. Squeeze the sides of the reservoir slightly to force out some air but do not force out any fluid.
6. Place pipette end into reservoir and release pressure on the reservoir to draw specimen into the diluting fluid.
7. Squeeze the reservoir gently two or three times to rinse the pipette but do not force fluid out of the pipette.
8. Gently mix the solution a few times to thoroughly mix the blood and diluting fluid.
9. Let the sample set for ten minutes before reading. Count can be performed up to three hours after mixing.
10. When ready to count, mix the solution a few times to resuspend the cells.
11. Turn the pipette upside down on the reservoir to allow you to place solution into the counting chamber.
12. Discard the first three or four drops to clean the bore of the pipette.
13. Carefully charge the counting chamber by gently squeezing the sides of the reservoir to cause solution to flow from the pipette.
14. When hemacytometer is properly charged, place in a covered petri dish and allow to stand for 10 minutes. This allows the cells to settle onto the counting surface.
15. Using low power objective and low light focus on the chamber.
16. Using the low power objective, count the WBC's in all nine squares of the chamber.
17. Multiply the total number of cells counted by 10% and add the total to your original count.
18. Multiply this number by 100 to get your WBC count. Report as number of cells/mm3.

PERFORMING THE WHITE BLOOD CELL DIFFERENTIAL

A. INTRODUCTION

This job sheet is provided to assist you in the step by step procedures for making a blood smear, Wright's staining the smear and performing the WBC differential.

B. EQUIPMENT

1. Glass slides
2. Wright's stain
3. Distilled water
4. Staining rack
5. Suction tube
6. Microscope
7. Cell counter (manual)
8. Immersion oil
9. Methanol

C. REFERENCES

a. NAVEDTRA 10669-B, Hospital Corpsman 3 & 2
b. Morphology of Human Blood Cells

D. PROCEDURE

1. MAKING THE SMEAR

a. Clean two glass microscope slides with Methanol.
b. Using a well mixed blood specimen, place a drop of blood near the end of one slide.
c. With one hand hold the slide with the blood drop securely on the table with the blood end towards you. With the other hand, hold the second slide between the thumb and forefinger.
d. Place the second slide on the first about halfway up its length at an angle of about 45 degrees.
e. Pull the second slide back to the drop of blood and wait for the blood to spread over the width of the slide.
f. Now smoothly push the second slide towards the end of the first slide.
g. A good slide will look like a blunt arrow and when held up to light the edge will have a rainbow appearance in the smear.
h. Set the slide on the table and allow to air dry.

2. STAINING THE SMEAR

a. Dip the slide in Methanol to fix the smear and place on the staining rack to allow slide to air dry.
b. Flood slide with Wright's stain and allow to stand for 10 to 20 seconds.
c. Rinse the slide in distilled water and allow to air dry before reading. Blot dry only the back of the slide to avoid ruining the smear.

3. PERFORMING THE WBC DIFFERENTIAL

a. Place the slide on the stage and using low light and the low power objective focus on the smear.
b. Shift to the high power objective and refocus.
c. Turn the oil immersion lens halfway into place and place one drop of immersion oil on the slide directly above the condenser. Then rotate oil immersion lens into place and focus.
d. Using either a left to right or a top to bottom pattern perform the differential by using the cell counter. Count and classify each WBC seen except those which appear to be broken up. Thrombocytes are not counted in the differential but observe that there are at least six per field. Less than six is reported as inadequate, more than 24 is reported as increased. Observe only 2 or 3 fields for platelet estimates.
e. Also while counting WBC's observe the RBC morphology in each field and make appropriate comments.
f. Continue counting until 100 WBC's have been classified.

MICROHEMATOCRIT PROCEDURE USING LARGE CENTRIFUGE

A. INTRODUCTION

This job sheet is provided to assist you in performing the microhematocrit procedure when using the large microhematocrit centrifuge.

B. EQUIPMENT

1. Capillary tubes
2. Clay sealer
3. Microhematocrit centrifuge
4. Microhematocrit reader

C. REFERENCES

1. NAVEDTRA 10669-B, Hospital Corpsman 3 & 2.

D. PROCEDURE

1. Using well mixed blood, fill a capillary tube approximately 3/4 full. When desired amount is obtained hold a fingertip over one end of the tube.
2. Stick the blood end of the tube into the clay sealer twice to obtain a good seal.
3. Place the tube onto the platen of the microhematocrit centrifuge with the sealed end touching the rubber gasket.
4. Place the cover on the centrifuge and finger tighten. Set the timer to five minutes, (centrifuge spins at a preset 10,000 -12,000 rpm).
5. When the centrifuge stops, place the tube on the plastic tube holder of the microhematocrit reader with the sealed end towards the center. Align the black line on the tube holder with the point where the red cell pack touches the clay seal.
6. Rotate the metal plates so that the scale on the bottom plate is set at 100%.
7. Rotate the top plate of the microhematocrit reader so that the black curved line is touching the meniscus of the clear plasma.
8. Rotate both the metal plates until the black curved line touches the point where the plasma and red cell pack meet. Read the microhematocrit value from the scale on the bottom line. Report the results as % of whole blood.

PERFORMING THE MICROHEMATOCRIT USING THE COMPUR M1100

A. INTRODUCTION

This job sheet is provided to assist you in the step by step procedure for performing the microhematocrit using the Compur M1100.

B. EQUIPMENT

1. Compur M1100 minicentrifuge
2. Compur microcapillary tubes

C. REFERENCES

1. Operating Instructions for the Compur M1100, the Ames Co.

D. PROCEDURE

1. Open the minicentrifuge by depressing the small black button. Cover can only be opened when the on-off switch is in the "green" position.
2. Fill the microcapillary tube end to end with whole blood.
3. Press the two black catch levers on the post of the minicentrifuge and lift.
4. Place one end of the microcapillary tube against the rubber seal at the end of one of the tube grooves. The other end of the tube is placed in the corresponding notch of the minicentrifuge's center post.
5. Press the center post into the locked position. This seals the tube and locks it into the minicentrifuge.
6. Close the cover of the minicentrifuge.
7. Slide the on-off switch to the "red" position. The minicentrifuge will spin the specimen at 11,500 rpm for three minutes and twenty seconds then shut off automatically.
8. Read the hematocrit value directly from the scale on the minicentrifuge's platen and report as a percentage of whole blood.
9. If the value is over 50%, respin the specimen until no change of the value occurs.
10. Remove the tube from the minicentrifuge, then clean and restow your equipment.

PROCEDURE FOR PERFORMING THE GRAM STAIN

A. INTRODUCTION

This job sheet is provided to assist you in the step by step procedure for performing the gram stain.

B. EQUIPMENT

1. Microscope slides
2. Gram stain kit
3. Microscope
4. Wooden applicator sticks
5. Saline solution
6. Forceps
7. Bunsen burner
8. Staining rack

C. REFERENCES

1. NAVEDTRA 10670-B, Hospital Corpsman 1 & C.

D. PROCEDURE

1. Place a drop of saline on a microscope slide.
2. Using the wooden applicator stick, place the specimen to be stained into the saline drop and spread over the slide into a thin smear.
3. Allow smear to air dry.
4. Using the forceps, pass the slide back and forth through the flame of the bunsen burner three to five times to heat fix the smear.
5. Set the slide on the staining rack and allow it to cool.
6. Flood the slide with Crystal (or Gentian) Violet stain and let stand for one minute.
7. Rinse the slide under tap water.
8. Flood the slide with Gram's Iodine and allow to stand for one minute.
9. Rinse the slide under tap water.
10. Holding the slide at a slight angle with the forceps, flood the slide with decolorizer until you see the blue begin to run off the smear.
11. Rinse the slide under tap water.
12. Flood the slide with Safranin and let stand for 30 seconds.
13. Rinse the slide with tap water.
14. Gently blot the slide dry with bibulous paper or let air dry.
15. Place the slide on the microscope and examine under oil immersion. Report all bacteria by its morphology and gram stain characteristics. Also report cells which you see.
16. When reporting use either 1+ or 2+ type of grading or use few, moderate or many.
17. The smear should be examined for at least ten minutes before reporting no organisms noted.

PROCEDURE FOR PERFORMING THE KOH PREPARATION

A. INTRODUCTION

This job sheet is provided to assist you in the step by step procedure for performing the KOH preparation.

B. EQUIPMENT

1. Glass slides
2. Cover slips
3. Microscope
4. 10–20% KOH solution
5. Bunsen burner

C. REFERENCES

1. NAVEDTRA 10670–B, Hospital Corpsman 1 & C.

D. JOB STEPS

1. With a sterile knife blade, scrape skin from the suspect lesion onto the glass slide.
2. Add one drop of KOH solution to the scrapings.
3. Heat the mixture until it steams but do not allow to boil.
4. Allow to stand for 15 minutes.
5. Examine under high power objective with subdued light for the presence of branching hyphae, spores or yeast cells.

THIN AND THICK SMEARS FOR MALARIAL PARASITES

A. INTRODUCTION

This job sheet is provided to assist you in the step by step procedures for preparing, staining and reading thin and thick smears for malarial parasites.

B. EQUIPMENT

1. Microscope
2. Microscope slides
3. Staining rack
4. Giemsa stain
5. Methanol
6. Acetone
7. Indelible marking pen

C. REFERENCES

1. Navy Medical Department Guide to Malaria Prevention and Control
2. The Morphology of Human Blood Cells

D. PROCEDURE

1. MAKING THE THIN SMEAR

   a. Clean two glass slides with Methanol.
   b. Place one drop of fresh whole blood near the center of a slide.
   c. Using the other clean slide, make a thin smear in the same manner as for a differential smear.

2. MAKING THE THICK SMEAR

   a. Using the same slide with the thin smear, place a drop of fresh whole blood near one end of the slide.
   b. Using the edge of the other slide spread the drop of blood in a circle about the size of a dime.
   c. Allow both slides to air dry for 20 minutes.

3. STAINING THE SLIDES

   a. Dip the THIN smear in Methanol.
   b. Dip the THICK smear in Acetone.
   c. Allow to air dry.
   d. Place the slide on the staining rack.
   e. Flood the slide with Giemsa Stain and allow to stand for 20 minutes.
   f. Gently rinse with buffered water (Ph 6.8) until stain no longer runs off the slide.

4. READING THE SMEARS

   a. Examine each smear for a minimum of 20 minutes.
   b. The thin smear will look just like a differential smear. Examine the RBC's for evidence of malarial parasites. Use The Morphology of Human Blood Cells to aid you in identifying any parasite you find.
   c. The thick smear usually shows only the parasite because the RBC's are hemolyzed. Again use The Morphology of Human Blood Cells for identifying any parasites found.

DIRECT WET MOUNT FOR OVA AND PARASITES

A. INTRODUCTION

This job sheet is provided to assist you in the step by step procedure for performing the direct wet mount for ova and parasites.

B. EQUIPMENT

1. Urinetek tube
2. Wooden applicator sticks
3. Normal saline
4. Coverslips
5. Iodine
6. Microscope slides

C. REFERENCES

1. Modern Diagnostic Microbiology
2. Schneiersons Atlas of Diagnostic Microbiology

D. PROCEDURE

1. Obtain stool specimen in a suitable container.
2. Place 5 drops of normal saline into a Urintek tube.
3. Using a wooden applicator stick, obtain a small amount of the stool specimen (about 2mg) and place into the saline solution.
4. With the applicator stick, mix the stool with the saline completely.
5. Place a drop of the specimen on a microscope slide and apply the coverslip.
6. Examine the specimen with the high/dry objective, observing for eggs and trophozoites.
7. Specimen should be examined for a minimum of 10 minutes.
8. Place a drop of iodine at the edge of the coverslip so that it flows into the specimen.
9. Again examine the specimen with the high/dry objective for a minimum of 10 minutes.

PROCEDURE FOR PERFORMING THE RPR TEST

A. INTRODUCTION

This job sheet is provided to assist you in performing the step by step procedure for the RPR test.

B. MATERIAL/EQUIPMENT

1. RPR Card Test Kit
2. Plasma or serum specimen
3. Mechanical Rotator (optional)- set at 100 rpms
4. RPR Control card or RPR controls

C. PROCEDURE

1. Qualitative Card test Using Dispenstirs:

a. Prior to testing, centrifuge the specimen (serum or plasma) to sediment cellular elements.
b. Mix the antigen suspension, prior to opening ampule, by shaking vigorously for 10–15 seconds.
c. Attach the needle to the hub of the dispensing bottle. Ensure the antigen is below the breakline.
d. Snap off the top of the ampule and draw all of the antigen into the dispensing bottle.
e. To collect specimen (serum or plasma), hold a dispenstir between thumb and forefinger near sealed end. Squeeze, do not release pressure until open end is below surface of specimen. Holding tube vertically release finger pressure to draw up sample.
f. Use the dispenstir to transfer the specimen to the card. Dispense 1 drop. Using the flared end of the dispenstir, spread the specimen filling the entire circle.
g. Add the antigen to the plasma with the dispensing bottle. Place 1 drop on the test slide in the center of the specimen.
h. Rock the card by hand slowly for a minimum of 4 minutes:

1) With the use of the rotator:

a) Test card is placed on rotator for 8 minutes at 100 rpms.

i. Read the reaction at the end of 4, (or 8), minutes. If a reaction occurs in less than four minutes, it is not necessary to complete the four minute rotation. Non-reactives must be read after four, (or 8), minutes.

QUANTATIVE CARD TEST
(SERIAL DILUTION OF REACTIVE SPECIMEN-TITERING)

1. PURPOSE

   a. Reactive RPR- titer the serum to determine the strength of reactivity.

      1) Titer usually refers to the most dilute specimen that gives a specific reaction.

2. MATERIAL/EQUIPMENT

   a. RPR Card Test Kit
   b. Plasma or serum specimen
   c. Mechanical rotator (optional)- set at 100 rpms
   d. Saline (0.9%)

3. PROCEDURE

   a. Quantitative Card Test (Serial Dilution of Reactive Specimen)

      1) Using a dispenstir place 1 drop of saline onto circles numbered 2 to 5.
      2) Place 1 drop of specimen onto circle 1 and 2.
      3) Mix specimen and saline in circle 2 by drawing mixture up and down dispenstir 5 to 6 times. Avoid formation of bubbles.
      4) Transfer 1 drop from circle 2 to 3. Repeat this step until all circles have been diluted. Put last drop of specimen into circle 6.
      5) Using a new stirrer (broad end), for each specimen, start at highest dilution of serum (circle 6) and spread serum, filling the entire surface of circles.
      6) Add the antigen to the specimen with the dispensing bottle. Place 1 drop onto each test area.
      7) Rotate for 8 minutes on the mechanical rotator at 100 rpms or rock by hand for 4 minutes.
      8) Rotate and tilt card, briefly by hand (3 or 4 to and fro motion).
      9) Read macroscopically, in the "wet" state under high intensity light or strong daylight.

4. REPORTING TEST RESULTS:

   a. The above procedure gives the following dilutions:

      Circle # 1 1:1
      Circle # 2 1:2
      Circle # 3 1:4
      Circle # 4 1:8
      Circle # 5 1:16
      Circle # 6 1:32

   b. The last card showing agglutination (clumping) is reported. (ie. "Reactive 1:16")

PROCEDURE FOR PERFORMING THE MONOSTICON DRI-DOT TEST

A. INTRODUCTION

This job sheet is provided to assist you in performing the step by step procedure for the Monosticon Dri-Dot Test for mononucleosis.

B. EQUIPMENT

1. Monosticon Dri-Dot Test Kit

C. REFERENCE

1. Product information sheet for the Monosticon Dri-Dot Test, Organon Incorporated.

D. JOB STEPS

1. Centrifuge the blood specimen for ten minutes to obtain the plasma or serum to be tested.
2. Remove a test card from its envelope and set on counter top.
3. Place one drop of water next to but not on the blue dot on the test slide.
4. Using a Dispenstir squeeze the closed end between thumb and forefinger and place the open end into the plasma or serum to be tested. Release pressure and aspirate the specimen into the Dispenstir.
5. Hold the Dispenstir over the buff-colored dot and place one drop of specimen onto the dot.
6. Using the flat end of the Dispenstir mix the water, specimen and the buff-colored dot.
7. Now mix this solution with the blue dot.
8. Rotate the slide in a "figure of 8" motion for two minutes.
9. Observe the slide for the presence or absence of agglutination.
10. A negative test will show no agglutination. A positive test will show agglutination.
11. Report as negative or positive.

HCG URINE PREGNANCY TEST

A. INTRODUCTION

This jobsheet is provided to assist you in performing the step by step procedure for the Pregnosticon Dri-Dot pregnancy test.

B. EQUIPMENT

1. Pregnosticon Dri-Dot pregnancy test kit
2. Fresh urine specimen

C. REFERENCE

1. Product information sheet for the Pregnosticon Dri-Dot qualitative rapid slide test for pregnancy, Organon Teknika Corporation.

D. JOB STEPS

1. Specimen

   a. The first morning urine is the specimen of choice, but a random specimen may be used. Urine that has been refrigerated for up to 72 hours or frozen for up to six months usually will give satisfactory results. Excessively turbid urine should be centrifuged prior to use.
   b. The following may interfere with the performance of the test and any results should be interpreted with this in mind:

      1) protein
      2) blood
      3) specific gravity < 1.015
      4) soaps and detergents
      5) various drugs

2. Procedure

   a. Fill dropper bottle with distilled water.
   b. Remove Pregnosticon Dri-Dot slide from the envelope.
   c. Set slide on a flat surface and add one drop of water to the green dot inside of the circle.
   d. Using a dispenstir, place one drop of urine onto the clear anti-serum dot within the circle on the card.
   e. With the flared end of the dispenstir, mix the urine and anti-serum thoroughly. Rock the slide for 30 seconds.
   f. After rocking the slide for 30 seconds. mix the anti-serum and the drop of latex suspension together with the dispenstir.
   g. Spread the suspension over the entire area inside the circle and rotate in a figure 8 pattern for exactly two minutes.
   h. Read the results under a glare free light. Agglutination indicates a NEGATIVE test and no agglutination indicates a positive result.

      1) If doubtful results occur, repeat the test in 1-2 weeks when HCG levels will be higher.
      2) The accuracy of the Pregnosticon Dri-Dot HCG test is 94.7% (this test will be replaced on AMAL soon)

PERFORMING THE ROUTINE AND MICROSCOPIC URINALYSIS

A. INTRODUCTION

This job sheet is provided to assist you in the performance of the routine and microscopic urinalysis.

B. EQUIPMENT

1. Plastic urinalysis tube
2. Glass slides
3. Glass cover slips
4. Microscope
5. Urinalysis dipsticks
6. Urinometer
7. Centrifuge

C. REFERENCES

1. NAVEDTRA 10669-B, Hospital Corpsman 3 & 2.

D. PROCEDURE

1. COLOR AND APPEARANCE

   a. Observe and record the color of the urine specimen.
   b. Observe and record the appearance of the specimen.

2. SPECIFIC GRAVITY

   a. Pour the specimen into the urinometer cylinder to a point about 1/2 inches from the top.
   b. Insert the urinometer into the cylinder carefully to avoid overflowing. Spin the urinometer to ensure it is free-floating.
   c. Read the specific gravity from the scale at the meniscus of the urine.
   d. If the specimen is cloudy, it should be centrifuged prior to reading the specific gravity.

3. DIPSTICK

   a. Dip a test strip into the specimen and wait 2-3 seconds before removing.
   b. Compare the areas of the strip with the color chart on the bottle. Be sure to read the squares at the times indicated on the bottle.
   c. Record your results.

4. MICROSCOPIC

   a. Place the specimen tube in the centrifuge and spin for 5 minutes at 1,500 rpm.
   b. Remove the tube from the centrifuge and decant the liquid portion into a suitable receptacle. DO NOT SHAKE.
   c. After decanting, resuspend the sediment by shaking the tube.
   d. Place one drop of the sediment on the glass slide and then cover with a cover slip.
   e. Using low light and the low power objective, scan the edges of the cover slip for casts.

      (1) Any cast seen is reported as #/low power field.

   f. Shift to high power and review at least 10 fields before reporting.

5. REPORTING THE MICROSCOPIC

   a. RBC's, WBC's and epithelial cells are reported as an average <u>number</u> of cells seen per field. (EXAMPLE: 10-15 RBC, 20-25 WBC)
   b. All other constituents are reported by a grading system. (EXAMPLE: FEW BACTERIA, MODERATE BACTERIA, MANY BACTERIA OR 1+ BACTERIA, 2+ BACTERIA, 3+ BACTERIA)

PERFORMING THE WILSON EDESON TEST

A. INTRODUCTION

This job sheet is designed to assist you in the step by step procedures to be followed in the performance of the Wilson–Edeson test.

B. EQUIPMENT

1. Laboratory balance
2. Mercuric chloride
3. Potassium iodide
4. Hydrochloric acid
5. Distilled water
6. 500ml graduated flask
7. 1000ml graduated flask
8. 100ml graduated cylinder
9. 13 x 100mm glass tubes
10. Plastic bottles
11. Urintek tubes
12. 500ml amber bottle
13. Glass stirring rod

C. PROCEDURE

1. PREPARING THE MAYER–TANRET'S SOLUTION

a. Pour 500ml of distilled water into a flask.
b. Using the laboratory balance, measure 24.9gm of Potassium Iodide.
c. Add Potassium Iodide to the distilled water and stir until completely dissolved.
d. Measure 6.8gm of Mercuric Chloride and add to flask. Stir until completely dissolved.
e. Solution should have a light yellow color.
f. Pour solution into amber bottle for storage.

2. PREPARING THE 1N HYDROCHLORIC ACID SOLUTION

a. Pour 500ml of distilled water into a 1000ml flask.
b. Measure 84ml of Hydrochloric Acid into the 100ml cylinder.
c. Slowly add Hydrochloric Acid to the distilled water.
d. Now add distilled water to the 1000ml flask until the total volume in the flask is 1000ml.
e. Gently mix then stopper the flask.

3. PERFORMING THE TEST

a. SPECIMEN COLLECTION

1) Collect specimens in plastic bottles. Random specimens are suitable.
2) Testing must be done within 3 days of taking the medication.
3) Testing should be done within a few hours of collection.

b. TESTING PROCEDURE

1) Pour 5ml of urine into a clean Urintek tube.
2) Add 4gtts. of 1N HCL solution to urine.
3) Add 6gtts. of Mayer–Tanret's solution to urine.
4) Allow to stand at room temperature for 30 minutes.

c. TEST INTERPRETATION

1) A whitish turbidity with a blue haze will be seen in specimens which contain Chloroquine.
2) A specimen which is clear does not contain Chloroquine.
3) Any specimen which is negative should be poured into a glass tube and heated just short of boiling.
4) After cooling, if the specimen becomes turbid it should be considered positive.

Enclosure 1

TRAUMA SCORE

This scale is composed of the Glasgow coma scale and measurements of cardiopulmonary function. The severity of the injury is estimated. The lowest score is 1 and the highest score is 16.

RESPIRATORY RATE		SYSTOLIC BLOOD PRESSURE	
10 - 24/min	4	90mmHg or greater	4
24 - 35/min	3	70 - 89mmHg	3
36/min or greater	2	50 - 69mmHg	2
1 - 9/min	1	0 - 49mmHg	1
None	0	No Pulse	0

RESPIRATORY EXPANSION		CAPILLARY REFILL	
Normal	1	Normal	2
Retractive	0	Delayed	1
		None	0

GLASGOW COMA SCALE

The total points below are added and then incorporated into the above as follows:

14 - 15 = 5
11 - 13 = 4
08 - 10 = 3
05 - 07 = 2
03 - 04 = 1

VERBAL RESPONSE		MOTOR RESPONSE	
Orientated	5	Obeys Commands	6
Confused	4	Localizes Pain	5
Inappropriate Words	3	Withdraw (Pain)	4
Incomprehensible Words	2	Flexion (Pain)	3
None	1	Extension (Pain)	2
		None	1

EYE OPENING

Spontaneous	4
To Voice	3
To Pain	2
None	1

ENCLOSURE 2

SUICIDE ASSESSMENT

Assess the patient using the following scale. A score of 15 indicates a severe risk of suicide.

1. Another's report of patient's intent
   0 None
   1 Possible
   2 Definite

2. Patients own report
   0 I want to live
   1 Ambivalent
   2 I want to die

3. Attitude towards living
   0 Gives good reasons to live
   1 Ambivalent
   2 No desire to live

4. Patient's feelings about suicide thoughts
   0 Feels disturbed
   1 Ambivalent
   2 Welcomes thoughts

5. Specifics of ideation
   0 Abstract or general
   1 Some structured thoughts
   2 Considered many specific

6. Urgency of ideation
   0 Thoughts under control
   1 Fears loss of control
   2 Cannot control-about to act

7. Timing when thoughts occur
   0 Isolated and well spaced
   1 More frequent thoughts
   2 Persistent rumination

8. Patient's perception of help
   0 Many reliable resources
   1 Few resources
   2 Nowhere to turn

10. Preparation for death
    0 None
    1 None, but thinking
    2 Has made plans (will, etc)

11. Suicide note
    0 No thoughts
    1 Considered, not written
    2 Written or planned

12. Method
    0 Not thought of
    1 Possible
    2 Chosen

13. Means to use method
    0 Not worked out
    1 Chosen but not accessible
    2 Ready anytime

14. Plan
    0 Not thought out
    1 Possibilities considered
    2 Course worked out

15. Stage of plan
    0 Not ready to effect
    1 About to put into effect
    2 Completed

ASSESSMENT SCORE _____

SURFACE FORCE INDEPENDENT DUTY
HOSPITAL CORPS SCHOOL
NAVAL SCHOOL OF HEALTH SCIENCES
BETHESDA DETACHMENT
PORTSMOUTH VIRGINIA 23708

CLINICAL CARE GUIDELINES FOR INDEPENDENT DUTY HOSPITAL CORPSMAN
FEEDBACK REPORT
NSHS, BETH DET AUTOVON 564-0111 ASK FOR 398-5038

FROM:_____ DATE:_____

ACTIVITY:_____ UIC: _____

MAILING ADDRESS:_____

_____

SECTION AFFECTED:_____

PAGE NUMBER:_____

(1) Remarks/Recommendations (Use additional sheets if necessary)

(2) Reason for Suggested Change: (Give full Justification)